

UNIT TERMINAL OBJECTIVE

- ### COGNITIVE OBJECTIVES

AFFECTIVE OBJECTIVES

PSYCHOMOTOR OBJECTIVES

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DECLARATIVE

A. Purpose

- C. Does not dictate sequence

7. Hospitalizations

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- I. Current health status
 1. Focuses on present state of health
 2. Environmental conditions
 3. Personal habits
 - a. Current medications
 - b. Allergies
 - c. Tobacco use
 - d. Alcohol, drugs and related substances
 - e. Diet
 - f. Screening tests
 - g. Immunizations
 - h. Sleep patterns
 - i. Exercise and leisure activities
 - j. Environmental hazards
 - k. Use of safety measures
 - l. Family history
 - m. Home situation and significant other
 - n. Daily life
 - o. Important experiences
 - p. Religious beliefs
 - q. Patients outlook

III. Techniques of history taking

1. Reviewing the medical history
 - a. Briefly review any previous medical records available
 - b. Important insight
 - (1) Referral
 - (2) Life experience
 - (3) Past diagnosis and treatment
2. The environment
 - a. Proper environment enhances communication
 - b. Place for you and the patient to sit
 - c. Be cautious of power relationship
 - d. Personal space
3. Your demeanor and appearance
 - a. Just as you are watching the patient, the patient will be watching you
 - b. Messages of body language
 - c. Clean, neat, professional appearance
4. Note taking
 - a. Difficult to remember all details
 - b. Most patients are comfortable with note taking
 - (1) If concerns arise, explain your purpose
 - (2) Do not divert your attention from the patient to take notes

1. Greeting the patient
 - a. Greet by name
 - b. Shake hands

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- c. Avoid the use of unfamiliar or demeaning terms such as Granny or Hon, etc.
2. The patient's comfort
 - a. Be alert to patient comfort levels
 - b. Inquire about the patient's feelings
 - c. Watch for signs of uneasiness
3. Opening questions
 - a. Find out why the patient is seeking medical care or advice
 - b. Use a general, open-ended question
 - c. Follow the patient's leads
 - (1) Facilitation
 - (a) Your posture, actions or words should encourage the patient to say more
 - (b) Making eye contact or saying phrases such as "Go-on" or "I'm listening" may help the patient to continue
 - (2) Reflection
 - (a) Repetition of the patient's words that encourage additional responses
 - (b) Typically does not bias the story or interrupt the patient's train of thought
 - (3) Clarification
 - (a) Used to clarify ambiguous statements or words
 - (4) Empathetic responses
 - (a) Use techniques of therapeutic communication to interpret feelings and your response
 - (5) Confrontation
 - (a) Some issues or response may require you to confront patients about their feelings
 - (6) Interpretation
 - (a) Goes beyond confrontation, requires you to make an inference
 - (7) Asking about feelings
4. Getting more information
 - a. Attributes of a symptom
 - (1) Location
 - (a) Where is it
 - (b) Does it radiate
 - (2) Quality
 - (a) What is it like
 - (3) Quantity or severity
 - (a) How bad is it
 - (b) Attempt to quantify the pain
 - i) 1 - 10 scale
 - ii) Other scales
 - (4) Timing
 - (a) When did it start
 - (b) How long does it last
 - (5) The setting in which it occurs
 - (a) Emotional response
 - (b) Environmental factors
 - (6) Factors that make it better or worse

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- (7) Associated manifestations
- C. Clinical reasoning
 1. Results of questioning may allow you to think about associated problems and body systems
- D. Direct questions
 1. To gather additional information, direct questions may be required
 2. Should not be leading questions
 3. Ask one question at a time
 4. Use language that is appropriate
- E. Taking a history on sensitive topics
 1. Alcohol and drugs
 2. Physical abuse or violence
 3. Sexual history

IV. Special challenges

- A. Silence
 1. Silence is often uncomfortable
 2. Silence has meaning and many uses
 - a. Patients may use this to collect their thoughts, remember details or decide whether or not they trust you
 - b. Be alert for nonverbal clues of distress
 3. Silence may be a result of the interviewer's lack of sensitivity
- B. Overly talkative patients
 1. Faced with a limited amount of time interviewers may become impatient
 2. Although there are no perfect solutions, several techniques may be helpful
 - a. Lower your goals, accept a less comprehensive history
 - b. Give the patient free reign for the first several minutes
 - c. Summarize frequently
- C. Patients with multiple symptoms
- D. Anxious patients
 1. Anxiety is natural
 2. Be sensitive to nonverbal clues
- E. Reassurance
 1. It is tempting to be overly reassuring
 2. Premature reassurance blocks communication
- F. Anger and hostility
 1. Understand that anger and hostility are natural
 2. Often the anger is displaced toward the clinician
 3. Do not get angry in return
- G. Intoxication
 1. Be accepting not challenging
 2. Do not attempt to have the patient lower their voice or stop cursing; this may aggravate them
 3. Avoid trapping them in small areas
- H. Crying
 1. Crying, like anger and hostility may provide valuable insight
 2. Be sympathetic
- I. Depression
 1. Be alert for signs of depression

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- 2. Be sure you know how bad it is
- J. Sexually attractive or seductive patients
 - 1. Clinicians and patients may be sexually attracted to each other
 - 2. Accept these as normal feelings, but prevent them from affecting your behavior
 - 3. If a patient becomes seductive or makes sexual advances, frankly but firmly make clear that your relationship is professional not personal
- K. Confusing behaviors or histories
 - 1. Be prepared for the confusion and frustration of varying behaviors and histories
 - 2. Be alert for mental illness, delirium or dementia
- L. Limited intelligence
 - 1. Do not overlook the ability of these patients to provide you with adequate information
 - 2. Be alert for omissions
 - 3. Severe mental retardation may require you to get information from family or friends
- M. Language barriers
 - 1. Take every possible step to find a translator
 - 2. A few broken words are not an acceptable substitute
- N. Hearing problems
 - 1. Very similar to patients with a language barrier
 - 2. If the patient can sign, make every effort to find a translator
- O. Blind patients
 - 1. Be careful to announce yourself and to explain who you are and why you are there
- P. Talking with family and friends
 - 1. Some patients may not be able to provide you with all information
 - 2. Try to find a third party who can help you get the whole story

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